

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6						
7		2				
8		2				
9		2				
10		2				
11		2				
12	1					
13	1					
14	1					
15	1					
16	2					
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47						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	W					
TOTAL CLAIMS	25					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						